Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MUHAMMAD IRFAN MUHAMMAD ZAMEER**	**Service Date:**	**05-Jan-2025** **Network** : Green
Card No	: **I022-029-119647410-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **MUHAMMAD IRFAN MUHAMMAD ZAMEER**	**Doctor's Name**	**:Humaira**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **19-09-2024** To **18-09-2025**		
Gender	: **Male**		
Date Of Birth	: **02-Jul-1988**		
Patient's Tel No	: **0558209860**		

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : pc : persistant elevated bp for 1 year not taking any meds ,,, came for the meds hx of hyperlipidemia , no labs shown no other med condions **Duration:**

Vitals: Temp : 36 Bp :142 Pulse :95 Resp :18

Clinical Findings:

Diagnosis: R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn,E78.5 - Hyperlipidemia, unspecified, **Date of Onset :**05/44/2025

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 2150-575201-1171 - (CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG (ZINC : 4 MG TABLETS,0880-155601-0391 - (ROSUVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS,0769-101802-1171 - (CAPTOPRIL : 25 MG) TABLETS, **Estimated Cost :**

MEDICAL PRACTITIONER DECLARATION :

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

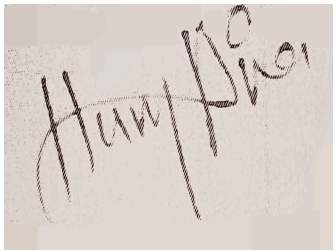
PATIENT'S DECLARATION :

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Humaira **Stamp :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date :** 05-Jan-2025

Signature :  **Date :** 05-Jan-2025